1. National Uniform Billing Committee [NUBC]

www.nubc.org

UB-04 Change Implementation Calendar

The details of the following changes are contained in the UB-04 Manual (*) or in the Version 2.00 Clarifications/Errata/Updates

Effective Date (a)	Form Locator
10/1/07*	FL 15: Form Locator name changed to Point of Origin for Admission or Visit; all codes clarified/revised.
10/1/07*	FL 42: New subcategory added to 094x
10/1/07*	FL 39-41: New Value Code for Clinical Trial Number
1/1/08*	FL 39-41: New Value Code for Facility where Inpatient Hospice Service is Delivered
1/1/08	FL 43: NDC Reporting for Medicaid Drug Rebates
4/1/08	FL 17: Change to Code 05 and the implementation of new Code 70 http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5764.pdf
7/1/08	FL 39-41: New Value Code for Patient Paid Amount
7/1/08	FL 39-41: New Value Code for Credit Received from the Manufacturer for a Replaced Medical Device
10/1/08	FL 18-28: New condition codes for duplicate original bills and claim appeals/reconsideration.
1/1/09	FL 35-36: New occurrence span code for Prior Same-SNF Stay Dates for Payment Ban Purposes

(a) Unless otherwise noted, effective for bills created on or after this date.

2. National Uniform Code Committee [NUCC]

http://www.nucc.org/

NUCC Submits NPI Position Letter to HHS & NCVHS

At the April NUCC meeting the committee discussed their concerns with the approaching May 23, 2008 NPI only deadline. The committee was in agreement to write a letter to the Secretary of HHS and the Chair of NCVHS expressing their concerns about the deadline. The NUCC drafted the position letter and recommended an extension of six months for dual identifier reporting. Click on the link below for a copy of the letter

http://www.nucc.org/images/stories/PDF/final_nucc_letter_on_npi_05232008_deadline.pdf

NUCC Submits ICD-10 Position Letter to CMS-OESS

In March the NUCC was asked by the Centers for Medicare & Medicaid Services (CMS), Office of E-Health Standards & Services (OESS) to provide our position on the proposal to adopt the International Classification of Diseases, 10th edition (ICD-10) as a code set under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). The NUCC drafted the position letter and provided many recommendations to OESS. Click on the link below for a copy of the letter.

http://www.nucc.org/images/stories/PDF/nucc_letter_to_cms_on_icd10_03072008.pdf

NEW Changes/Clarifications to the NUCC 1500 Instruction Manual

May 8, 2008

Additional changes/clarifications have been made to the 1500 Instruction Manual since February 2008. Go to the "1500 Instructions" page under the "1500 Claim Form" tab to see the complete list of clarifications and changes that have been made to the instruction manual since its last release of 7/07, Version 3.0. These changes and clarifications will be incorporated into the manual for the July 1, 2008 release of new version.

http://www.nucc.org/index.php?option=com_content&task=view&id=33&Itemid=42

Table of changes:

http://www.nucc.org/index.php?option=com_content&task=view&id=72&Itemid=46

3. ICD Changes – 10/1/2008

October 1 Code changes currently include:
    300 New Codes
    55 Revisions
    22 Deletions

4. X12 News

1. 5010 Update.
    a. CMS *Medicare* crosswalks are now available.

        From: CMS Medicare FFS Billing Related Requirements [mailto:CLEARINGHOUSE@LIST.NIH.GOV]
        Sent: Tuesday, April 22, 2008 1:41 PM
        Subject: HIPAA-2 Is Coming

HIPAA-2 Is Coming!

The analysis has been completed, comparing the current X12 HIPAA EDI standards with the proposed standards as used within the Medicare Fee For Service program. The results are now available on the CMS website. The first set of documents is a side-by-side comparison for the ASC X12 N 837-I, 837-P, 276/277, 835 and 270/271 transactions. These documents can be found at: http://www.cms.hhs.gov/ElectronicBillingEDITrans/18_HIPAA2.asp#TopOfPage The side-by-side comparisons present the 4010A1 and 5010 transactions aligned to facilitate identifying the differences between the two transaction versions.

Cautionary Note: These are the changes as defined by MEDICARE. They are a great starting point but everyone needs to review the transactions themselves to identify any changes for your business!!!!

    b. There are at least two commercial products currently available to help in the gap analysis between the 4010A1 and the 5010.
      http://e-emergence.com/index.html
      http://www.wpc-edi.com/

AHCCCS HAS NO RECOMMENDATIONS!!!

2. 5010s available for purchase
   www.wpc-edi.com

HIPAA Transaction	45 CFR Part 162	X12N Impl. Guides / TR3's		X12 Standard
		004010	005010	
Claim - Prof.	K, R	X098 +A1	X222	837
Claim - Inst.	K, R	X096 +A1	X223	837
Claim - Dent.	K, R	X097 +A1	X224	837
Eligibility	L	X092 +A1	X203	270 & 271
Authorization	M	X094 +A1	X217	278
Claim Status	N	X093 +A1	X212	276 & 277
Enrollment	O	X095 +A1	X220	834
Remittance	P	X091 +A1	X221	835
Premium Pmt.	Q	X061 +A1	X218	820

©David A. Feinberg, C.D.P.

3. Next Meeting:
   June 1, 2008 – June 5, 2008
   New Orleans, LA

   Items on the Agenda:
   Public Review of the Payer-To-Payer PHR transaction

4. Next Meeting:
   Announcing an Informational Forum for the 275 Personal Health Record Transfer Between Health Plans Implementation Guide (005050X274)
   An informational forum for the ASC X12N Personal Health Record Transfer Between Health Plans (275) Implementation Guide (005050X274) will be held on June 03, 2008 at 9:00am at the X12 Trimester meeting in New Orleans, LA.

   This guide has been developed by X12N TG2/WG9, which is the Patient Information Transactions work group within the Health Care task group of the Insurance Subcommittee of X12. X12 is an Accredited Standards Committee (ASC) under ANSI (American National Standards Institute).

   At the informational forum the Project Delegate will review comments received during the public review period and the work group's responses to them. This is the final opportunity to discuss the modifications made in response to the public review comments before the guide is published.

   Discussion at the forum will focus on the comments made during the Public Review Period, not new requests for changes. If significant changes are requested at the informational forum and the work group decides they should be included in the guide, the work group will rework the guide and the review process will be repeated.

Please review the public review comments and associated work group responses before attending the informational forum. Public review comments and associated work group responses can be found at:
http://www.wpc-edi.com/conferences/tg2/implementationguides

The draft implementation guide is available for download at:
http://www.wpc-edi.com/products/publications/x274

5. HL7 News
www.hl7.org

Meeting May 3, 2008 – May 9, 2008
Phoenix, Arizona

The MITA Project is sponsored by the Financial Management Working Group.
www.hl7.org,
Right side of page, click on Working Groups
Then on left side of page, click on Financial Management
Meeting minutes will be available. This will include all ppts for the MITA Project work group.

MITA
Medicaid Information Technology Architecture
- It was a Vision of Transformation
- It became a Plan for the future
- It is an Architectural Framework
    – Business Aligned, Business Driven
    – Technology Neutral
    – Built on standards
    – Interoperable
    – A Collaborative Process
    – About getting the right information to the right people at the right time in the right way

6. Health Information Technology Standards Panel [HITSP] News
Meeting May 13 – 14, 2008 in Phoenix.

From: Kant, Jessica [mailto:JKant@HIMSS.ORG]
Sent: Friday, May 02, 2008 10:01 AM
To: ALLTC@MAILLIST.ANSI.ORG
Subject: Call for Participation - Administrative and Financial Domain Technical Committee

Call for Participation
Healthcare Information Technology Standards Panel
Administrative and Financial Domain Technical Committee

The HITSP organizational structure has been realigned to meet the harmonization needs generated by an increasing number and expanding scope of Use Cases and the need to maintain consistency across Interoperability Specifications and Constructs. **The Administrative and Financial Domain Technical Committee** is in great need of **Provider**, **Healthcare Delivery Organization** and **Clinician** participation.

Requirements for Committee participation:
Your organization registers to be a member of HITSP. Your area of expertise can be in any of the following areas:

- Application architects, designers, implementers
- Payer, provider, and vendor community
- Business analysts with administrative and financial systems experience
- System analysts with administrative and financial systems experience
- Application architects, designers, implementers of administrative and financial systems and the HIPAA transactions and code sets (HL7, NCPDP and X12)

The HITSP Administrative and Financial Domain Technical Committee will work to:

1. • IDENTIFY AND ANALYZE GAPS AND DUPLICATIONS WITHIN THE STANDARDS INDUSTRY AS THEY RELATE TO DOMAIN CONSTRUCTS.
2. • DESCRIBE GAPS INCLUDING MISSING OR INCOMPLETE STANDARDS.
3. • DESCRIBE DUPLICATIONS, OVERLAPS, OR COMPETITION AMONG STANDARDS
4. • LIST ALL STANDARDS THAT SATISFY REQUIREMENTS IMPOSED BY THE RELEVANT USE CASE OR INTEROPERABILITY REQUEST AND APPLY READINESS CRITERIA.
5. • INTERACT WITH HITSP SECRETARIAT FOR COORDINATION WITH STANDARDS ORGANIZATION REGARDING STANDARDS GAPS, OVERLAPS, AND IDENTIFICATION OF STANDARDS.
6. • EVALUATE, SELECT AND CONSTRAIN RECOMMENDED STANDARDS.
7. • RECEIVE AND PRIORITIZE STATEMENTS OF WORK AND COLLABORATE WITH PERSPECTIVE COMMITTEES TO REFINE SCOPE AND DEVELOP WORK PLAN.
8. • DEVELOP AND/OR REVISE DOMAIN CONSTRUCTS TO MEET REQUIREMENTS, HIGH LEVEL DESIGN AND STATEMENTS OF WORK.
9. • MAXIMIZE REUSE WITH CONSIDERATION FOR BACKWARDS COMPATIBILITY.

10.   • ENSURE DOMAIN CONSTRUCTS ADEQUATELY SUPPORT ALL INTEROPERABILITY SPECIFICATIONS REFERENCING THOSE CONSTRUCTS.
- Work in collaboration with Perspective Committees to meet project schedule and timelines

Meeting Logistics:
Date: Standing conference calls with web collaboration to meet weekly on Tuesday from 3:30 until 5:00 PM ET as well as "Face-to-Face" meetings in conjunction with HITSP TC activities which are planned to occur 4-6 times during the year.

To Volunteer:
If you would like to volunteer to participate in the groundbreaking activities of this HITSP Technical Committee please contact Jessica Kant, Standards Harmonization Coordinator at jkant@himss.org.

For more information please contact the Administrative and Financial Domain Technical Committee Leadership:

Don Bechtel, Co-chair: Accredited Standards Committee X12, donald.bechtel@siemens.com
Deb Belcher, Co-chair: GE Healthcare, deborah.belcher@ge.com
Durwin Day, Co-chair: Health Care Service Corporation, dayd@bcbsil.com
Theresa Wisdom, Facilitator: HIMSS, twisdom@himss.org

For background information regarding recent Use Case postings and meeting activities go to the HITSP web site at www.hitsp.org.

Thank you,

Jessica

Jessica Kant
Coordinator, Standards Harmonization
HIMSS
230 East Ohio, Suite 500
Chicago, IL 60611-3270
312-915-9283
312-915-9511
jkant@himss.org